

**2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F97000005695

**Entity Name:** COMSOUTH TELESERVICES, INC.

**Current Principal Place of Business:**

108 S. LUMPKIN ST  
HAWKINSVILLE, GA 31036

**Current Mailing Address:**

108 S. LUMPKIN ST  
HAWKINSVILLE, GA 31036

**FEI Number: 58-1512830**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title           CEOD  
Name           JENNINGS, W. MANSFIELD JR  
Address        MANSFIELD DR  
City-State-Zip: HAWKINSVILLE GA 31036

Title           SD  
Name           JENNINGS, GENELLE  
Address        MANSFIELD DR  
City-State-Zip: HAWKINSVILLE GA 31036

Title           CFO  
Name           OBERT-THORN, SCOTT C  
Address        53 HILLCREST AVE  
City-State-Zip: HAWKINSVILLE GA 31036

Title           PD  
Name           JENNINGS, W.M. III  
Address        BUCKCREEK RD  
City-State-Zip: HAWKINSVILLE GA 31036

Title           T  
Name           HERMAN, LAVADA G  
Address        WIMBISH DR  
City-State-Zip: PERRY GA 31069

Title           COO  
Name           KRUEGER, ROBERT W  
Address        630 SANDY SPRINGS  
City-State-Zip: HAWKINSVILLE GA 31036

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: SCOTT C OBERT-THORN**

**CFO**

**04/29/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date